



# Confident Smiles Dental Studio

Suite 203, 27 Mars Rd Lane Cove West NSW 2066

Email: [csdentalstudio@hotmail.com](mailto:csdentalstudio@hotmail.com) | Ph: (02) 9418 9105

Please allow: 5 working days for Crowns, Wax-ups  
10 working days for Implant supported crowns  
**from time of arrival in lab**  
For complex and larger cases please call to discuss

**Date:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Practice:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Patient:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM/PM**

## Implant

- Screw Retained  Cement Retained

Implant System:

Implant Diameter:

Scan Body:

Further Instructions

## Pre-op Planning

- Diagnostic Wax up  Smile Design  Printed Digital/Study Models

## Material

- Monolithic Zirconia  Full Metal Non-Precious  
 Layered Zirconia  Full Metal Semi Precious  
 Monolithic Lisi (Lithium Disilicate)  Full Metal Precious  
 Layered Lisi (Lithium Disilicate)  PMMA



## Restoration

- Crown  Bridge  
 Inlay/Onlay  Cantilever  
 Veneer  Maryland

## Photos Provided

\*Please email full size photos to [csdentalstudio@hotmail.com](mailto:csdentalstudio@hotmail.com)

**Shade:**

**Stump:**

## TOOTH NUMBER



18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Embrasure	Proximal Contact	Occlusal Contact	Pontic Design
<p><input type="checkbox"/> Open* <input type="checkbox"/> Closed</p>	<p><input type="checkbox"/> Normal* <input type="checkbox"/> Extended</p>	<p><input type="checkbox"/> Heavy <input type="checkbox"/> Light* <input type="checkbox"/> Open</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>